

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 1

NAME: STAR-KIST SAMOA, INC

ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY

LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019
PERMIT NUMBER001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01	FROM	06	10	31	TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****	*****	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	*****	*****			Monthly	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2996 MO AVG	7536 DAILY MX	lb/d	*****	*****	*****			Weekly	COMPOS
Nitrogen, total (as N)	SAMPLE MEASUREMENT				*****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	*****	*****	*****			Monthly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	133 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT				*****	*****	*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	*****	*****	*****			Monthly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PAGO PAGO, AS 96799
FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
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ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01		06	10	31	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1545 30DA AVG	1770 DAILY MX	ug/L		Monthly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	66 30DA AVG	108 DAILY MX	ug/L		Monthly	COMPOS
Oil and grease	SAMPLE MEASUREMENT				*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	763 MO AVG	1907 DAILY MX	lb/d	*****	*****	*****			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	2.9 DAILY MX	Mgal/d	*****	*****	*****			Continuous	RCORDR

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External Outfall

FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
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TO

No Discharge ☐

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00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	*****	*****			Monthly	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2996 MO AVG	7536 DAILY MX	lb/d	*****	*****	*****			Weekly	COMPOS
Nitrogen, total (as N)	SAMPLE MEASUREMENT				*****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	*****	*****	*****			Monthly	COMPOS
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00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	133 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT				*****	*****	*****				
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